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TO:

Name: Mail Stop RCE
Group Art Unit 3731/Examiner David Reip

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/664,776

Gary K. Michelson

Filed: September 17, 2003

SINGLE-LOCK ANTERIOR CERVICAL PLATE

AND METHOD

Attorney Docket No. 101.0056-16000

Customer No. 22882

Confirmation No.: 4856

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 12

Date: May 15, 2006

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,910.00 total amount to cover the \$1,020 three-month extension fee, \$790 RCE fee, and \$100 additional claims fee is to be charged to Deposit Account No. 50-3726), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on May 15, 2006.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0056-16000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/664,776

Filed: September 17, 2003

For: SINGLE-LOCK ANTERIOR CERVICAL
PLATE AND METHOD

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Art Unit: 3731

Examiner: David Reip

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MAY 15 2006

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Office Action dated November 14, 2005 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	22	-	20	2	LG=\$50 SM=\$25	\$50	\$ 100.00
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS:					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 100.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ ___ to cover the *** additional claims fee is enclosed.☒ The total amount of \$1,910.00 to cover the \$1,020 three-month extension of time fee, \$790 RCE fee, and \$100 additional claims fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: May 15, 2006

By: 

Thomas H. Martin

Registration No. 34,383

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